



2617
IFW

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/625,873
	Filing Date	July 26, 2000
	First Named Inventor	Robert Wallace
	Group Art Unit	2617
	Examiner Name	Sheleheda, James R.
Total Number of Pages in this Submission	Attorney Docket Number	BCS03336 (CX099034)

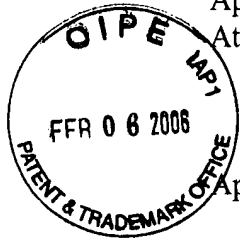
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) REPLACEMENT w/Submission letter	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Lawrence T. Cullen	Registration No.	44,489
Signature			
Date	February 2, 2006		

CERTIFICATE OF TRANSMITTAL/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:	
Typed or printed name	Carol J. Smith
Signature	
Date	February 2, 2006

App. Ser. No.: 09/625,873

Atty. Doc. No.: BCS03336 (CX099034)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 09/625,873

Inventor: Robert Wallace

Filing Date: July 26, 2000

Title: High Availability Mechanism in a Cable Environment

Examiner: Sheleheda, James R.

Art Unit: 2617


Atty. Docket No.: BCS03336 (CX099034)

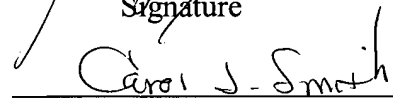
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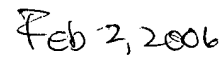
SUBMISSION OF REPLACEMENT DRAWINGS

Please replace the drawings with the enclosed set of drawings.

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Signature


Print Name


Date

CONCLUSION

The Office is authorized to charge any additional fees or underpayments of fees (including fees for petitions for extensions of time) under 37 C.F.R. 1.16 and 1.17 to account number 502117. Any overpayments should be credited to the same account.

The Applicant's representative can be reached at the below telephone number if the Examiner has any questions.

Respectfully submitted,

Robert Wallace



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Date